



Senate

General Assembly

File No. 234

January Session, 2007

Substitute Senate Bill No. 1378

Senate, April 2, 2007

The Committee on Labor and Public Employees reported through SEN. PRAGUE of the 19th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE WORKERS' COMPENSATION MEDICAL PRACTITIONERS' FEE SCHEDULE AND TIME FOR FILING A WORKERS' COMPENSATION APPEAL.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (11) of subsection (b) of section 31-280 of the
2 general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2007*):

4 (11) (A) Establish standards in consultation with the advisory board
5 for approving all fees for services rendered under this chapter by
6 attorneys, physicians, surgeons, podiatrists, optometrists, dentists and
7 other persons;

8 (B) In consultation with employers, their insurance carriers, union
9 representatives, physicians and third-party reimbursement
10 organizations establish, not later than October 1, 1993, and publish
11 annually thereafter, a fee schedule setting the fees payable by an

12 employer or its insurance carrier for services rendered under this
13 chapter by an approved physician, surgeon, podiatrist, optometrist,
14 [or] dentist and other persons, provided the fee schedule shall not
15 apply to services rendered to a claimant who is participating in an
16 employer's managed care plan pursuant to section 31-279. On and after
17 April 1, 2008, the chairman shall implement and annually update
18 relative values based on the Medicare resource-based relative value
19 scale and implement coding guidelines in conformance with the
20 Correct Coding Initiative used by the federal Centers for Medicare and
21 Medicaid Services. The conversion to the Medicare resource-based
22 relative value scale shall be revenue-neutral. The fee schedule shall
23 limit the annual growth in total medical fees to the annual percentage
24 increase in the consumer price index for all urban workers. The
25 chairman may make necessary adjustments to the fee schedule for
26 services rendered under this chapter where there is no established
27 Medicare resource-based relative value. Payment of the established
28 fees by the employer or its insurance carrier shall constitute payment
29 in full to the practitioner, and the practitioner may not recover any
30 additional amount from the claimant to whom services have been
31 rendered;

32 (C) Issue, not later than October 1, 1993, and publish annually
33 thereafter, guidelines for the maximum fees payable by a claimant for
34 any legal services rendered by an attorney in connection with the
35 provisions of this chapter, which fees shall be approved in accordance
36 with the standards established by the chairman pursuant to
37 subparagraph (A) of this subdivision.

38 Sec. 2. Subsection (a) of section 31-301 of the general statutes is
39 repealed and the following is substituted in lieu thereof (*Effective*
40 *October 1, 2007*):

41 (a) At any time within twenty days after entry of an award by the
42 commissioner, after a decision of the commissioner upon a motion or
43 after an order by the commissioner according to the provisions of
44 section 31-299b, either party may appeal therefrom to the

45 Compensation Review Board by filing in the office of the
46 commissioner from which the award or the decision on a motion
47 originated an appeal petition and five copies thereof. The
48 commissioner within three days thereafter shall mail the petition and
49 three copies thereof to the chief of the Compensation Review Board
50 and a copy thereof to the adverse party or parties. If a party files a
51 motion subsequent to the finding and award, order or decision, the
52 twenty-day period for filing an appeal of an award or an order by the
53 commissioner shall commence on the date of the decision on such
54 motion.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2007</i>	31-280(b)(11)
Sec. 2	<i>October 1, 2007</i>	31-301(a)

LAB *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Workers' Compensation Com.	WCF - None	See Below	See Below

Note: WCF=Workers' Compensation Fund

Municipal Impact: None**Explanation**

This bill modifies the methodology used by the Workers' Compensation Commission to calculate fees paid to medical providers for services rendered to injured employees.

This bill authorizes the Workers' Compensation Commission to develop the physician fee schedule using Medicare's resource-based relative value scale (RBRVS). Currently, the workers' compensation medical fee schedule uses the 74th percentile level of statewide "usual and customary" charges. It is expected that converting to the Medicare methodology to calculate fees will be revenue neutral to medical providers.

The bill delays when the 20-day deadline to file an appeal to the Compensation Review Board begins in situations when a motion has been filed and not yet ruled on. This provision has no fiscal impact.

OLR Bill Analysis**sSB 1378*****AN ACT CONCERNING THE WORKERS' COMPENSATION
MEDICAL PRACTITIONERS' FEE SCHEDULE AND TIME FOR
FILING A WORKERS' COMPENSATION APPEAL.*****SUMMARY:**

This bill authorizes the workers' compensation commission chairman to develop and implement the physician fee schedule, by April 1, 2008, using values from the Medicare resource-based relative value scale (RBRVS). The schedule is used as a basis for physician fees for services rendered under the workers' compensation act. The chairman must implement guidelines that conform to the Correct Coding Initiative used by the federal Centers for Medicare and Medicaid Services. The bill specifies that the conversion to the Medicare RBRVS must be revenue neutral to the workers' compensation system.

For services rendered under workers' compensation in cases where there is no established Medicare RBRVS, the bill authorizes the chairman to make necessary adjustments to the fee schedule.

The bill expands the list of people who can receive fees for service to include "other persons." Current law, lists approved physicians, surgeons, podiatrists, optometrists, and dentists. In practice, other medical service professionals receive fees under workers' compensation.

The bill also delays the start of the 20-day deadline to file an appeal of a claim decision to the Compensation Review Board in situations when a ruling has not been made on a filed motion. Under the bill, the 20-day time period does not begin until there has been a ruling on the motion. Under current law, the 20-day period begins when a

compensation commissioner issues a decision on a claim.

EFFECTIVE DATE: October 1, 2007

COMMITTEE ACTION

Labor and Public Employees Committee

Joint Favorable Substitute

Yea 10 Nay 0 (03/15/2007)